



BOARD OF HEALTH
GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MASSACHUSETTS 01519
(508) 839-5335 x1119
(508) 839-8559 FAX
healthdept@grafton-ma.gov



HEALTH DEPARTMENT

APPLICATION FOR A LICENSE TO CONDUCT RECREATIONAL CAMP FOR CHILDREN

FEE: \$ 75.00

PERMIT NO: _____

Name of Camp: _____ **(Include copy of site plan showing all buildings, facilities)**

Address: _____ Telephone: _____

Name of Camp Owner: _____ Owner Telephone: _____

Owner Address: _____ Owner Email: _____

Name of Camp Director (if different): _____

Operator Address: _____ Operator Telephone: _____

Health Care Consultant (HCC): _____ Designation: _____ MA License # _____

Address: _____ Telephone #: _____

Health Care Supervisor (MUST be on site at all times) Name: _____

Age: _____ (18 yrs. or older) MA License # _____ or **First Aid & CPR certificates attached Yes _____ No _____ .159**

Type of Camp: Day _____ Residential _____ // Hours of Operation: _____

Dates of Operation: Opening _____ Closing _____ Days of Operation _____

Water Supply: Public _____ Private _____ Semi-public _____ If not public, **copy of well test results attached: Yes _____ No _____**

Wastewater: Public _____ Private _____

Swimming Pool: Yes _____ No _____ Pool Permit # _____ **(attach copy of permit)**

Bathing Beach: Yes _____ No _____ **If yes, copy of pre-season test results included: Yes _____ No _____**

Name of Sampler: _____ Name of Laboratory _____

Meals Provided: Yes _____ Food Permit # _____ Permit Posted: Yes _____ No _____ **Menu provided Yes _____ No _____**

Meals meet Recommended Dietary Allowances (RDA) Yes _____ No _____

If meals are brought from home, how are they kept cold (if necessary) _____ .335

Meals provided if campers arrive without a lunch: Yes _____ No _____ .335

Number of Campers per Age Group: _____

of Staff MORE than 18 Years of Age _____ # of Staff LESS than 18 Years of Age _____ # of Volunteers _____

Ratio of Staff to Campers: more than 6 years old _____ 6 years or less _____ Trip _____ Special Needs _____

Stable Name: _____ Location: _____

REQUIRED DOCUMENTS (must be complete and included with this submission, arrange in same order as application)

HEALTH CARE

	Reference #	Yes	No
Health Care Consultant Agreement	.159	Yes	No
Health Care Policy (Signed by HCC)	.159	Yes	No
Sun Protection Policy (Campers and Staff)	.163	Yes	No

All Campers and Staff

Immunization Records	.150	Yes	No
Emergency Contact Information		Yes	No

Campers Only

Written Parental Permission for Meds and Emergency Care		Yes	No
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Other

Certificate of Occupancy from Building Department for Sleeping/Assembly Areas	.451	Yes	No
Written Compliance from Fire Department	.215	Yes	No
Fire Evacuation Plan and Drills	.210	Yes	No
*Procedures for Background Review of Staff and Volunteers	.090	Yes	No
Staff Orientation Plan	.091	Yes	No
Abuse and Neglect Prevention / Reporting Procedures	.093	Yes	No
*Discipline Policy w/Appropriate Discipline Methods and Prohibitions	.191	Yes	No
*Grievance Procedure		Yes	No
Disaster Plan	.210	Yes	No
Lost Camper Plan	.210	Yes	No
Lost Swimmer Plan (if applicable)	.210	Yes	No
Traffic Control Plan	.210	Yes	No
Contingency Plans (Day Camp Only)	.211	Yes	No
Camper Does Not Show Up For Day			
Camper Does Not Show Up For Pick-up			
Unregistered Child Arrives at Camp			
Daily Itinerary (also Copy to Parents)	.212	Yes	No
Source of Emergency Care			
Camper Release Plan	.190	Yes	No
Promotional Literature Packet with Following Policies:			
*Care of Mildly Ill Campers (Health Care Policy)	.159	Yes	No
Administration of Medications		Yes	No
Emergency Health Care Provision		Yes	No
Statement RE: Regulatory Compliance and Licensing	.190	Yes	No
Parent Advisory of Right to Review Policies (Starred Above)		Yes	No
Transportation for Field Trips	.250-.253	Yes	No

Required Documents for All Staff and Volunteers:

CORI / SORI Reports	.090	Yes	No
Previous Work History (resume)		Yes	No
Three References		Yes	No
Out of State/International Criminal Background Checks		Yes	No
Ages (All Counselors Three Years Older than Campers)	.100	Yes	No
Certifications for High Risk Activities (EX: Firearms)	.103	Yes	No N/A

Required Documents for Camp Director, Assistant Camp Director:

Qualifications / Experience (Resume)	.102	Yes	No
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Required Documents for Firearms Training:

Firearms Instructor NRA Certification		N/A	No
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Required Documents for Aquatics:

American Red Cross Lifeguard Training Certificate	.103	N/A___		
CPR for Professional Rescuer Certificate		Yes___	No___	
First Aid Certificates		Yes___	No___	
Whitewater, Salt or Fresh Water Hazardous Activities Certification		Yes___	No___	

Required Documents for Horseback Riding:

Horseback Riding Instructor Certification		Yes___	No___	
Stable License		Yes___	No___	

Required Documents for Camp Vehicle Drivers:

Current License for Type of Vehicle (Copy Required)	.252	N/A___		
First Aid Certificate		Yes___	No___	

ADDITIONAL REQUIREMENTS – No Documents or Inspection Required

Medical

Proper Medication Storage	.160	Yes___	No___	
Secured Medication Cabinet - Refrigerated as Necessary		Yes___	No___	
Medical Log Book – Bound, Pre-numbered Pages	.155	Yes___	No___	
Infirmary – With Area for Isolation of Ill Child	.161	Yes___	No___	
First Aid Kit:		Yes___	No___	
Non-Perfumed soap, sterile gauze squares, compresses,				
adhesive tape, bandage scissors, triangular and rolled				
bandages, CPR mask, tweezers, cold pack and gloves				

Activities

Swim Test to Classify Swimmers	.204	Yes___	No___	NA___
Lifeguard/Counselor Ratio to Campers		Yes___	No___	
US Coast Guard Approved Flotation Devices for Watercraft Activities		Yes___	No___	
Minimum 2 Counselors Supervising in Separate Watercraft	.103	Yes___	No___	NA___
Shooting Range Away from Other Activities	.201	Yes___	No___	NA___
Locked Firearms Cabinet		Yes___	No___	NA___
Archery Equipment in Locked Area	.202	Yes___	No___	NA___
Archery Range Located Away from Other Activities		Yes___	No___	NA___
Minimum Number Certified Riding Instructors, Counselors to Campers		Yes___	No___	NA___

Camp Vehicle Drivers

Greater Than 18 Years of Age		Yes___	No___	
Two Years Driving Experience		Yes___	No___	

Residential Camps

Adequate Sleeping Space	.458, .470	N/A___		
Handicap Equipped	.378, .380, .459	Yes___	No___	
Screens Provided	.452	Yes___	No___	
Tents: Fire Retarded, Non-Toxic	.217	Yes___	No___	
Toilet Less than 200' from Sleeping Rooms	.372	Yes___	No___	
Two (2) Toilets per Sex, >20/Sex, Additional Toilet per Ten (10) Campers/Sex		Yes___	No___	
One Shower per Every Twenty People	.374	Yes___	No___	
Shower Rooms Ventilated to Outside	.375	Yes___	No___	
Laundry Facilities Provided	.162	Yes___	No___	

Facilities

Day -2- Toilets per Sex, >60/Sex, Additional Toilet Needed per Thirty (30) Campers/Sex	.370	Yes___	No___
Windows to Toilet Rooms Screened	.372	Yes___	No___
Screen Doors to Toilet Rooms Self Closing		Yes___	No___
One Sink Every Thirty (30) People	.373	Yes___	No___
Handicap Equipment	.378, .380	Yes___	No___
Toilet Rooms Ventilated to Outside	.375	Yes___	No___
Hot Water at Sinks 110-112 Degrees Fahrenheit	.376	Yes___	No___
Adequate, Centralized Drinking Water Facilities	.300, .304	Yes___	No___
Telephone Readily Available	.209	Yes___	No---
Telephone Numbers Readily Available:			
Health Care Consultant			
Local Hospital			
Police, Fire, Ambulance		Yes___	No___
Emergency Communication System	.213	Yes___	No___
Tobacco Use Restricted to Areas Inaccessible to Campers	.165	Yes___	No___
Proper Storage and Disposal of Solid Waste	.350, .355	Yes___	No___
Power Equipment: Stored/Operated Properly	.207	Yes___	No___
Flammable, Hazardous Materials Labeled Properly	.214	Yes___	No___
Flammable, Hazardous Materials Stored in Locked, Unoccupied Building		Yes___	No___
Shelter has Adequate Smoke Detectors	.216	Yes___	No___
Rodent/Insect Control Program	.400	Yes___	No___
Weed/Noxious Plant Control Program	.401	Yes___	No___
Site Location Accessible at All Times	.450	Yes___	No___
Site Location Does Not Cause Undue Traffic Hazards		Yes___	No___
Day Camp Shelter	.457	Yes___	No___
Adequate Egresses Free From Obstruction	.456	Yes___	No___

Explanation for "No" Answers Above: _____

Signature of Applicant: _____ **Print Name:** _____

Official Title: _____ **Date:** _____